

## PART B - FEE(S) TRANSMITTAL

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26646      7590      03/17/2008

**KENYON & KENYON LLP**  
**ONE BROADWAY**  
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/508,970	11/15/2004	Peter Jan Nieuwenhuizen	13877/13601	7577

TITLE OF INVENTION: METHOD FOR REMOVING A NITROGEN OXIDE FROM A GAS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	06/17/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
DOE, SHANTA G	1797	435-266000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Kenyon & Kenyon LLP 1 _____ 2 _____ 3 _____
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Akzo Nobel N. V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Arnhem, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).

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Authorized Signature /Kevin T. Godlewski/ Date June 17, 2008  
 Typed or printed name Kevin T. Godlewski Registration No. 47,598

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